

PARTICIPATION ON A SECONDARY SCHOOL ATHLETIC TEAM LETTER AND CONSENT

Dear Parents/Guardians,

The purpose of this letter is to inform you that your child has joined a school athletic team for the **2025-2026** season. Your signature on the attached Consent Form confirms that you 1) are aware of the information provided in this letter, 2) acknowledge the inherent risks, and 3) give consent for your child to participate on athletic teams at **Hugh McRoberts Secondary** during this athletic season.

Athletic Seasons

FALL SPORTS (September to November)	WINTER SPORTS (November to March)	SPRING SPORTS (March to June)
Grade 8/9 Boys Rugby	Grade 8 Girls Basketball	Grade 8 Boys Volleyball
Grade 8 Girls Volleyball	Grade 9 Girls Basketball	Grade 9 Boys Volleyball
Grade 9 Girls Volleyball	Grade 10 Girls Basketball	Senior Girls Soccer
Grade 10 Girls Volleyball	Senior Girls Basketball	Golf
Senior Girls Volleyball	Grade 8 Boys Basketball	Track & Field
Grade 10 Boys Volleyball	Grade 9 Boys Basketball	Grade 8 Badminton
Senior Boys Volleyball	Grade 10 Boys Basketball	Junior Badminton
Swimming	Senior Boys Basketball	Senior Badminton
Senior Boys Soccer	Table Tennis	Senior Ultimate
•	Wrestling	Junior Boys Rugby
		Senior Boys Rugby
		Senior Girls Rugby

All teams are supervised by a school employee or a community coach. This information, along with practice, game dates, times and location, can be found at https://mcroberts.sd38.bc.ca/parents/athletics-info-parents. Please note that your child may not be directly supervised by an adult at all times while on this school athletic team. Please note that accidents can be the results of the nature of the activity and can occur with or without any fault on either the part of the student, or the school board or its employees or agents, or the facility where the activity is taking place. By allowing your child to participate on this athletic team, you are acknowledging these risks and give consent to your child to participate on school athletic teams.

We ask that you keep this letter at home and have your child return the completed and signed Consent Form to the coach no later than **the second week of practice**.

We require parent volunteer drivers to transport Student-Athletes to/from our away games and competitions. All parent volunteer drivers need to complete the SA-61 Driver Authorization Form for Volunteer and Staff; this Form is available from your coach/teacher sponsor or at the school office or the School District website www.sd38.bc.ca/parents. Thus, if you would like to be a parent volunteer driver, please complete the Form and return it to me, to get Principal approval, at least one week before the first game.

Transportation to/from games and competitions is organized by the coach and/or teacher sponsor with the cooperation of parent volunteer drivers. Occasionally, teachers or coaches are able to drive Student Athletes.

There is an attached volunteer driver form at the end of this registration package.

Athletic Fees

FALL SEASON	WINTER SEASON	SPRING SEASON
Rugby (8/9): \$50	Basketball (8): \$125	Badminton: \$45
Swimming: \$60	Basketball (9): \$125	Golf: \$60
Soccer (Boys): \$100	Basketball (Jr): \$175	Rugby (Boys): \$100
Volleyball (8/9): \$75	Basketball (Sr): \$200	Rugby (Girls): \$75
Volleyball (Junior): \$175	Table Tennis: \$40	Soccer (Girls): \$100
Volleyball (Senior): \$200		Track & Field: \$45
		Ultimate: \$100
		Volleyball (8/9): \$75

The Student Athletic fees help pay for the following:

- Awards
- First Aid Supplies
- Referees
- Registration Fees (BCSS/RSSAA/SFZ)
- Scorekeepers
- Sport Equipment
- Teacher Sponsor (Replacement Fee)
- Tournament Fees
- Transportation costs
- Uniforms

Each player must submit the athletic fee prior to participating. If the fee is not submitted, the player will not play. If there are any questions or concerns, please contact me. If you have any questions about your child's participation on this school athletic team, please contact me.

Thank you, Graham Haigh - Athletic Director ghaigh@sd38.bc.ca



PARTICIPATION ON A SCHOOL ATHLETIC TEAM CONSENT FORM ATHLETIC SEASON: 2025-2026

Child's Name:			Grade:	Student #:	
Athletic Team:					
Athletic Season:	□ Fall	□ Winter	□ Spring	□ All 3 Seasons	
	Parent's/Guard	lian's Consent and Ackn	owledgement of Risk		

My signature at the bottom of this form indicates my consent and acknowledgement of risk as well as my permission for my

child to participate on this school athletic team.

- I accept responsibility for my child in Grades 8 and 9 to make transportation arrangements to away games and home at the end of away games and competitions. This may include transportation by volunteer drivers (including "N" status drivers), transportation by foot, or public transportation. All transportation arrangements will be checked by team coach or sponsor.
- I accept responsibility for my child in Grades 10-12 to make transportation arrangement to/from games and competitions. I will take responsibility to communicate and confirm with my child this method of transportation to/from games and competitions. This may include transportation by volunteer drivers (including "N" status drivers), transportation by foot or public transportation.
- I accept the risks/hazards inherent in the program/activity(ies) and understand and acknowledge that my child may be involved in an accident and may suffer personal and potentially serious injury arising from my child's participation on this athletic team.
- My child will abide by the District Code of Conduct (<u>www.sd38.bc.ca/parents</u>) as a member of this athletic team. This
 includes expectations, directions and instructions from the staff, administrators, and coaches. In the event my child fails
 to abide by these expectations, disciplinary action may include my child being excluded from further participation or that I
 be contacted to pick up my child (unless I have specified other transport arrangements); I will be responsible for any
 costs associated to send my child home.
- I acknowledge that it is my responsibility to inform the Athletic Director, Coach and Teacher Sponsor of any medical/health concerns that may affect my child's participation.
- I am aware that the School District provides optional student accident insurance and parents will be able to purchase coverage, access claims forms and obtain full plan information online.
- I consent that the Board, through its employees, agents and officers, may secure such emergency medical services and advice as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services and advice.

Student Commitment to Safety, District Code of Conduct, Acknowledgement of Risk

- My signature at the bottom of this form indicates that I will commit to behaving safely and abide by the District Code of Conduct while I am on this school athletic team.
- I will participate on all athletic teams to the best of my abilities.
- I will behave safely and will wear appropriate clothing and use appropriate equipment while I am a member of this athletic team.
- I have been briefed by my Coach and/or Sponsor Teacher on the elements of risk and dangers involved and the precautions that are to be taken.
- I agree to the expectations set out by the Coach and/or Sponsor Teacher and supervisors and will abide by the District Code of Conduct and School rules as a member of the school's athletic team.
- I will report any safety, medical or health issue or injury to the Athletic Director, Coach, and Sponsor Teacher.

Richmond Secondary Schools	Athletic Association – Player Participation	

□ I have read and understand that activities of this type expose the students participating to elements of risk and I have read and understand the above Discipline Rules and Regulations of the RSSAA, V&DIHSAA, and BCSS.

Athletic Department Policies

□ I have read, understand, and agree to the expectations set out in the following **Hugh McRoberts Secondary** documents: a) Richmond Secondary Schools' Athletic Association – Player Participation Consent For, b) BC School Sports Form: Student-Athlete Code of Conduct and Spectator's Code of Conduct, c) Philosophy and Policies, d) Athletic Fees, e) Uniform Care, f) Concussion Awareness, Response, and Management Protocol, g) Passenger List Form

Please Note: It is not necessary to return this form if you have consented online.

Student's Name (please print)	Student Signature	Date
Parent's/Guardian's Name (please print)	Signature	Date
	Cell #	Email
Emergency Contact's Name (Not a parent) (please print)	Cell #	Relationship to child
	t may affect my child's participation or on or surgery, chronic conditions, pho	n the field trip (allergies, recent illness or injury,